



KANSAS CORPORATION COMMISSION 1100119
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- | | | | |
|---|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover | |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD | <input type="checkbox"/> SIW |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG | | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | | |
| <input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____ | | | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Conv. to GSW | | | |
| <input type="checkbox"/> Plug Back: _____ | | Plug Back Total Depth: _____ | |
| <input type="checkbox"/> Commingled | | Permit #: _____ | |
| <input type="checkbox"/> Dual Completion | | Permit #: _____ | |
| <input type="checkbox"/> SWD | | Permit #: _____ | |
| <input type="checkbox"/> ENHR | | Permit #: _____ | |
| <input type="checkbox"/> GSW | | Permit #: _____ | |

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

____ Feet from North / South Line of Section

____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received

Date: _____

- Confidential Release Date: _____

- Wireline Log Received

- Geologist Report Received

- UIC Distribution

ALT I II III Approved by: _____ Date: _____



1100119

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West

County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

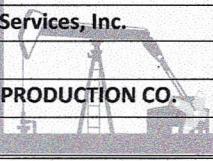
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At:				Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease:	Orest Jones	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
Longstring	Cemented:	Hole Size: 5 5/8

Dale Jackson Production Co.
Box 266, Mound City, Ks 66056
Cell # 620-363-2683
Office # 913-795-2991

Well #:	8-12
Location:	SW-SE-NW-NE S21T17R25E
County:	Miami
FSL:	2805 2817
FEL:	1775 1769
API#:	15-121-29267-00-00
Started:	10/5/12
Completed:	10/12/12

SN: None	Packer:	TD: 480'
Plugged: TD 65 Sacks Surface	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	2	479	Sandy Shale (Odor)
6	8	Clay	TD	480	Shale
51	59	Lime			
52	111	Lime			
10	121	Lime			
6	127	Shale			
10	137	Sandy Shale			
29	166	Shale			
3	169	Lime			NO CORE
5	174	Black Shale			
1	175	Lime			
16	191	Sandy shale			
12	203	Shale			
7	210	Lime			
14	224	Shale			
34	258	Lime			
8	266	Shale			
19	285	Lime			
4	289	Black Shale			
16	305	Lime (Shaley)			
2	307	Black Shale			
99	406	Shale			
9	415	Light Sandy Shale			
24	439	Shale			
1	440	Black Shale			
2.5	442.5	Light shale			
5.5	448	Shale (Limey)			Surface 10/5/12 Set Time 5:30pm Called 3:30pm Brooke
2	450	Sandy Shale (Oil Sand Streak)			Plugging TD 480' TD-Surface
1	451	Oil Sand (Very Shaley) (Poor Bleed) (Water)			Plug Time 2:00pm Called 1:00pm 10/9/12 Brooke
2	453	Sandy Shale (Oil Sand Streak)			
.5	453.5	Oil Sand (Shaley) (Poor Bleed) (Water)			
.5	454	Sandy shale (Oil Sand Streak)			
.5	454.5	Oil Sand (Poor Bleed) (Water)			
.5	455	Lime			
2.5	457.5	Oil Sand (Very Shaley) (Poor Bleed)			
1.5	459	Lime			
1.5	460.5	Sand (Dry)			
13.5	474	Shale			
1	475	Oil Sand (Limey) (Fair Bleed)			
1.5	476.5	Oil sand (Fair Bleed)			
.5	477	Shale (Oil Sand Streak)			

COPY

Page: 1

Invoice: 10044348

Special : Time: 16:12:52
 Instructions : Ship Date: 09/27/12
 : Invoice Date: 10/01/12
 Sale rep #: MAVERY MIKE Due Date: 11/05/12
 Acct rep code:

Sold To: BOBCAT OILFIELD SRVC,INC
 C/O BOB EBERHART (913) 837-2823
 30805 COLDWATER RD
 LOUISBURG, KS 66053 (913) 837-2823

Customer #: 3570021 Customer PO: Order By:CLINT

6TH
 T 26
 DOPING01

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORLAND CEMENT	8.8900 BAG	8.8900	2489.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	1389.60
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

Jones
8-12

913-837-4159

Phone order by Clint

Delivered to 5535 311th ST.
Louisburg

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4116.80
				Freight	100.00
SHIP VIA	MIAMI COUNTY			Misc + Frtg	100.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	4216.80
X				Non-taxable	0.00
				Tax #	
				Sales tax	318.37
				TOTAL	\$4535.17

2 - Customer Copy



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